



NAIC Group Code	<u>3683</u>	,	<u>3683</u>	NAIC Company Code	<u>95562</u>	Employer's ID Number	<u>38-3252216</u>
	(Current Period)		(Prior Period)				

Country of Domicile United States

Incorporated/Organized 05/24/1995 Commenced Business 08/01/1996

Main Administrative Office		2900 West Road, Suite 201	
		(Street and Number)	
East Lansing, MI 48823-6386		517-349-9922	
(City, State and Zip Code)		(Area Code) (Telephone Number)	

Primary Location of Books and Records	2900 West Road, Suite 201
	(Street and Number)
East Lansing, MI 48823-6386	937-531-2159
(City, State and Zip Code)	(Area Code) (Telephone Number) (Extension)

Statutory Statement Contact <u> L Tarlton Thomas III </u> , <div style="text-align: center; margin-top: -10px;">(Name)</div>	<u> 937-531-2159 </u> <div style="text-align: center; margin-top: -10px;">(Area Code) (Telephone Number) (Extension)</div>
<u> tarlton.thomas@caresource.com </u> <div style="text-align: center; margin-top: -10px;">(E-Mail Address)</div>	<u> 937-531-2676 </u> <div style="text-align: center; margin-top: -10px;">(Fax Number)</div>

Name	Title	Name	Title
<u>Sharon R. Williams</u>	<u>Plan President</u>	<u>Craig Thiele M.D.</u>	<u>Chief Medical Officer</u>
<u>Bobby Jones</u>	<u>Chief Operating Officer</u>	<u>L. Tarlton Thomas III</u>	<u>Chief Financial Officer</u>

<u>Pamela B. Morris</u>	<u>Margaret Marchak</u>	<u>Evonne Williams</u>	<u>Karen Hamilton</u>
J. Thomas Maulsby	John M. Rockwood		

County of

Sharon R. Williams Plan President	L. Tarlton Thomas III Chief Financial Officer	Bobby Jones Chief Operating Officer
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a. Is this an original filing? Yes [☐] No [☐]

b. If no:

1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CareSource Michigan

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CareSource Michigan

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CareSource Michigan

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CareSource Michigan

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1	2	3	4	5	6
	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CareSource Michigan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		CareSource Michigan					2. _____				
NAIC Group Code		3683	BUSINESS IN THE STATE OF Michigan			DURING THE YEAR 2011			(LOCATION)		
									NAIC Company Code		95562
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year		37,737							363	37,374	
2. First Quarter		36,678							373	36,305	
3. Second Quarter		35,642							444	35,198	
4. Third Quarter		34,572							459	34,113	
5. Current Year		35,447							481	34,966	
6. Current Year Member Months		430,125							5,120	425,005	
Total Member Ambulatory Encounters for Year:											
7. Physician		189,095							3,488	185,607	
8. Non-Physician		121,484							4,800	116,684	
9. Total		310,579	0	0	0	0	0	0	8,288	302,291	0
10. Hospital Patient Days Incurred		17,118							776	16,342	
11. Number of Inpatient Admissions		3,998							142	3,856	
12. Health Premiums Written (b).....		118,732,335							4,925,895	113,806,440	
13. Life Premiums Direct.....		0									
14. Property/Casualty Premiums Written.....		0									
15. Health Premiums Earned.....		118,732,335							4,925,895	113,806,440	
16. Property/Casualty Premiums Earned.....		0									
17. Amount Paid for Provision of Health Care Services		98,680,514							4,041,259	94,639,255	
18. Amount Incurred for Provision of Health Care Services		99,893,124							4,772,720	95,120,404	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 4,925,895



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CareSource Michigan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CareSource Michigan 2. (LOCATION)

NAIC Group Code	3683	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2011				NAIC Company Code		95562
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	37,737	.0	.0	.0	.0	.0	.0	.363	.37,374	.0
2 First Quarter	36,678	.0	.0	.0	.0	.0	.0	.373	.36,305	.0
3 Second Quarter	35,642	.0	.0	.0	.0	.0	.0	.444	.35,198	.0
4. Third Quarter	34,572	.0	.0	.0	.0	.0	.0	.459	.34,113	.0
5. Current Year	35,447	0	0	0	0	0	0	.481	.34,966	0
6 Current Year Member Months	430,125	0	0	0	0	0	0	.5,120	.425,005	0
Total Member Ambulatory Encounters for Year:										
7. Physician	189,095	.0	.0	.0	.0	.0	.0	.3,488	.185,607	.0
8. Non-Physician	121,484	0	0	0	0	0	0	.4,800	.116,684	0
9. Total	310,579	0	0	0	0	0	0	.8,288	.302,291	0
10. Hospital Patient Days Incurred	17,118	0	0	0	0	0	0	.776	.16,342	0
11. Number of Inpatient Admissions	3,998	0	0	0	0	0	0	.142	.3,856	0
12. Health Premiums Written (b).....	118,732,335	.0	.0	.0	.0	.0	.0	.4,925,895	.113,806,440	.0
13. Life Premiums Direct.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Property/Casualty Premiums Written.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15. Health Premiums Earned.....	118,732,335	.0	.0	.0	.0	.0	.0	.4,925,895	.113,806,440	.0
16. Property/Casualty Premiums Earned.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17. Amount Paid for Provision of Health Care Services	98,680,514	.0	.0	.0	.0	.0	.0	.4,041,259	.94,639,255	.0
18. Amount Incurred for Provision of Health Care Services	99,893,124	0	0	0	0	0	0	.4,772,720	.95,120,404	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$4,925,895

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CareSource Michigan

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CareSource Michigan

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CareSource Michigan

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

[illegible]

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Reinsurance Ceded To Unauthorized Companies

NONE

(a)	Code	American Bankers Association (ABA) Routing Number	Bank Name

Schedule S - Part 5

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2011	2 2010	3 2009	4 2008	5 2007
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	29	16	4	1	0
3. Title XIX-Medicaid.....	323	364	507	288	304
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....	34	29	30	48	0
8. Reinsurance recoverable on paid losses.....	75	60	246	57	100
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	35,886,759		35,886,759
2. Accident and health premiums due and unpaid (Line 15)	406,909		406,909
3. Amounts recoverable from reinsurers (Line 16.1)	75,292	(75,292)	0
4. Net credit for ceded reinsurance	XXX	108,989	108,989
5. All other admitted assets (Balance)	748,562		748,562
6. Total assets (Line 28)	37,117,522	33,697	37,151,219
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	14,867,023	33,697	14,900,720
8. Accrued medical incentive pool and bonus payments (Line 2)	390,116		390,116
9. Premiums received in advance (Line 8)	437,263		437,263
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)	0		0
11. Reinsurance in unauthorized companies (Line 20)	0		0
12. All other liabilities (Balance)	1,631,025		1,631,025
13. Total liabilities (Line 24)	17,325,427	33,697	17,359,124
14. Total capital and surplus (Line 33)	19,792,095	XXX	19,792,095
15. Total liabilities, capital and surplus (Line 34)	37,117,522	33,697	37,151,219
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid	33,697		
17. Accrued medical incentive pool	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	75,292		
20. Other ceded reinsurance recoverables	0		
21. Total ceded reinsurance recoverables	108,989		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payables/offsets	0		
27. Total net credit for ceded reinsurance	108,989		

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CareSource Michigan

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL						0
2. Alaska	AK						0
3. Arizona	AZ						0
4. Arkansas	AR						0
5. California	CA						0
6. Colorado	CO						0
7. Connecticut	CT						0
8. Delaware	DE						0
9. District of Columbia	DC						0
10. Florida	FL						0
11. Georgia	GA						0
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL						0
15. Indiana	IN						0
16. Iowa	IA						0
17. Kansas	KS						0
18. Kentucky	KY						0
19. Louisiana	LA						0
20. Maine	ME						0
21. Maryland	MD						0
22. Massachusetts	MA						0
23. Michigan	MI						0
24. Minnesota	MN						0
25. Mississippi	MS						0
26. Missouri	MO						0
27. Montana	MT						0
28. Nebraska	NE						0
29. Nevada	NV						0
30. New Hampshire	NH						0
31. New Jersey	NJ						0
32. New Mexico	NM						0
33. New York	NY						0
34. North Carolina	NC						0
35. North Dakota	ND						0
36. Ohio	OH						0
37. Oklahoma	OK						0
38. Oregon	OR						0
39. Pennsylvania	PA						0
40. Rhode Island	RI						0
41. South Carolina	SC						0
42. South Dakota	SD						0
43. Tennessee	TN						0
44. Texas	TX						0
45. Utah	UT						0
46. Vermont	VT						0
47. Virginia	VA						0
48. Washington	WA						0
49. West Virginia	WV						0
50. Wisconsin	WI						0
51. Wyoming	WY						0
52. American Samoa	AS						0
53. Guam	GU						0
54. Puerto Rico	PR						0
55. U.S. Virgin Islands	VI						0
56. Northern Mariana Islands	MP						0
57. Canada	CN						0
58. Aggregate Other Alien	OT						0
59. Totals		0	0	0	0	0	0

NONE

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
2.	Will an actuarial opinion be filed by March 1?	.....YES.....
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	.....YES.....
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....YES.....
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	.....YES.....
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....
AUGUST FILING		
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....SEE EXPLANATION.....
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
14.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....NO.....
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....SEE EXPLANATION.....
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
APRIL FILING		
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	.....NO.....
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....YES.....
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....NO.....
AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	.....SEE EXPLANATION.....

Explanation:

11. Coverage provided through Medicare Advantage Program
12.
13.
14.
15.
16.
17. Coverage provided through Medicare Advantage Program
18. Premiums written are under the threshold required
19. Premiums written are under the threshold required
20. Premiums written are under the threshold required

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21.

22.

23.

25.

26. Premiums written are under the threshold required

Bar code:



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